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BLACK MSM
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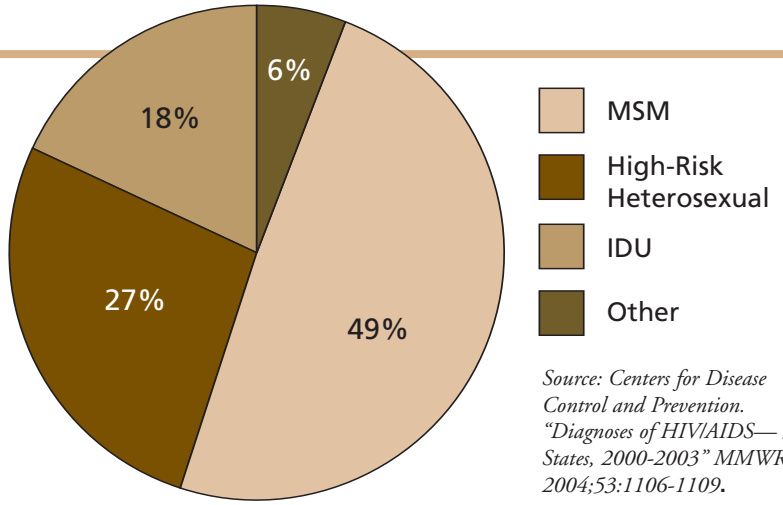
Black Men Who Have Sex with Men (MSM)

Standing At the Crossroad of the HIV/AIDS Epidemic in the United States

New HIV/AIDS Diagnoses, Black Males— 32 States, 2000-2003

African-American MSM are at exceptionally high risk for HIV



Source: Centers for Disease Control and Prevention. "Diagnoses of HIV/AIDS— 32 States, 2000-2003" MMWR 2004;53:1106-1109.

INTRODUCTION

The tremendous impact of HIV/AIDS among men who have sex with men (MSM) of all colors is well documented.[1] However, Black MSM stand at the crossroads of the HIV epidemic in the U.S. Data released at the 2005 National HIV Prevention Conference confirmed the HIV epidemic's extreme and disproportionate impact on Black MSM. A study of MSM conducted over the past year in five urban areas (Baltimore, Los Angeles, Miami, New York City, and San Francisco) showed that of the Black MSM who were tested for HIV, 46 percent were HIV-positive, and approximately two-thirds or 67 percent of Black MSM were unaware of their status.[2] These results follow years of data documenting high rates of HIV prevalence among Black MSM. For example, a CDC Young Men's Survey found HIV prevalence rates of 32 percent among young Black MSM between the ages of 23-29.[3] Although HIV infection rates are significantly higher among Black MSM in these studies, the data does not suggest that Black MSM engage in riskier sexual practices than non-Black MSM.

HIV infection rates among Black MSM rival those found in many sub-saharan African nations. Federal and state resources must be used to reduce this unacceptable rate of HIV infection among Black MSM. Although Black MSM and their allies work with CDC leadership to address this crisis, the responsibility to curb HIV infection trends among Black MSM is not CDC's alone. The U.S. needs a comprehensive response across all sectors – government agencies, non-governmental organizations, national AIDS policy organizations, community-based organizations (CBOs), AIDS service providers and state and local health departments.

The primary audience for this document is CDC funded HIV prevention providers. These consist primarily of state health departments, who in turn provide resources to local health departments, community-based organizations and other service providers; CDC directly-funded CBOs; and HIV prevention community planning groups (CPGs). CDC's National Center for HIV, STD and TB Prevention (NCHSTP) receives about $662 million for domestic HIV prevention activities,[4] slightly more than one-half of which it awards to state and six directly-funded local health departments for HIV prevention programs. About $40 million goes to directly-funded CBOs, which are

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tasked with implementing HIV prevention interventions, including counseling and testing, interventions for HIV-positive individuals, and behavioral interventions. CDC requires each of the 65 jurisdictions that receive HIV prevention dollars through a cooperative agreement to implement HIV prevention community planning. CPGs develop a comprehensive HIV prevention plan and advise health departments on priority populations and HIV prevention interventions. CDC advises CBOs, technical assistance providers, and other grantees to be aware of the jurisdiction's comprehensive HIV prevention plan when entering any jurisdiction to conduct HIV prevention activities.

In addition to CDC grantees, other stakeholders will find this document useful. These include CDC funded capacity building assistance (CBA) providers who are charged with providing organizational development, intervention, and community development support for high priority populations. With CDC's emphasis on increasing knowledge of serostatus and routinization of HIV testing, this document can also sensitize private physicians, health care providers, and their organizing bodies to the unique needs of Black MSM. Other agencies in the Department of Health and Human Services (DHHS) including the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Office of Minority Health (OMH), their grantees, and affiliated planning bodies will find the document useful as they have a role and responsibility to bring leadership and resources to bear in responding to the HIV crisis among Black MSM.

DEFINING BLACK MSM

It is important to have common understanding of the terms that are used when discussing Black MSM and those that are used in this document. The term "Black" is used to be inclusive of peoples of African descent, including those who may be from Africa, the Caribbean, as well as men born in the U.S. We recognize that the federal designation is African American, however program planners and policy makers must be cognizant of the diverse cultural make up of the men who are at risk for HIV infection.

The term "MSM" is used in public health to describe male-to-male sexual behavior. CDC began using the term MSM in the early 1990s largely in response to concerns raised by gay men of color who viewed the term "gay" as too limiting. Gay men of color sought a term that would be inclusive of men who engaged in same sex behavior, but did not identify as gay. Terms such as gay, same-gender-loving, queer, and the "DL" (down low) are associated with identities that men choose to adopt and call themselves. How men choose to self-identify is important and should be considered when shaping the prevention strategies for groups intended to be reached. Discussions of identity, however, should not obscure the fact that certain behaviors cause HIV infection, and that HIV prevention must strive to affect behavior change.

Certain sub-populations of Black MSM require specific attention as decision makers and program planners develop programs. These sub-populations include men who identify as gay or same gender loving, young gay men, and non-gay identified men who have sex with men and women. Effective strategies for reaching these men to encourage HIV testing, regular condom use, and other harm reduction behaviors can differ. Effective strategies to prevent HIV transmission and urge HIV-positive MSM to access care consider the many nuances, social constraints, and homophobia (both external and internal) that define the realities of Black MSM.

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Much attention has been given to the DL in popular media[5] and the term has been employed in scientific literature.[6] Men on the DL can be defined as those who consider themselves heterosexual but secretly engage in homosexual behavior. There has been much speculation in recent years that these men are the cause of rising HIV infection rates among Black women.[7] The publication of a popular book in 2004 set off a media frenzy that exaggerated the extent to which bisexual activity among men was contributing to rising rates of HIV infection among Black women.[7] Although a very important topic, the resulting sensationalism of the matter offered Black women no cogent advice on how to protect themselves from HIV infection, nor did it give service providers and program planners any guidance on sound public health approaches. The popular discussion of the "DL phenomenon" distorted a serious public health problem and distracted national attention from focusing on HIV prevention strategies that can empower Black women to remain safe and encourage Black men to act responsibly. In reality, the role of bisexually active Black men in transmitting HIV to Black women is more complicated than popular depictions of DL suggest, warranting further research.[8] A balanced and well researched discussion of bisexual activity among Black men is available.[9] CDC offered some guidance for developing interventions around the DL in a 2005 fact sheet located at http://www.cdc.gov/hiv/PUBS/faq/Downlow.htm#Q4.

COMPONENTS OF EFFECTIVE PREVENTION AND CARE STRATEGIES FOR BLACK MSM

Not much is known regarding effective interventions for preventing HIV infection among Black MSM, and encouraging them to access and adhere to treatment. Epidemiologic studies and surveillance data make it clear that Black MSM should be a focus of national HIV prevention efforts. However, the connection between the risk of disease and the unique circumstances that MSM face has not been firmly established. Most studies of HIV risk among MSM recruited Black men as minority participants and did not capture information that is distinctly relevant to this population. Thus, intervention strategies that build upon existing scientific literature have inherent limitations and are not necessarily optimal for Black MSM.[10] One meta-analysis of behavioral interventions that have undergone randomly controlled trials found only one study showing evidence of effectiveness for an HIV prevention intervention specifically designed for Black MSM.[11]

In the absence of scientific data, we can describe sound components of a strategy that seeks to prevent HIV infections among Black MSM and to encourage them to obtain care and treatment. Health department and community planning bodies should continue to implement strategies that are consistent with *Advancing HIV Prevention (AHP)* and other HHS guidelines, such as increasing access to routine HIV testing, encouraging use of Partner Counseling and Referral Services (PCRS), and linking HIV-positive Black MSM to care.

Additional strategies aimed at changing community norms and empowering individuals and communities to reduce behaviors that place them at risk of contracting HIV are critical. Some of these strategies include:

1. Address Barriers to HIV/STD Testing and Access to Care and Treatment

Those developing programs for Black MSM must recognize, comprehend, and address the social and cultural context in which these men seek HIV

HIV Prevalence and Percentage of Previously Undiagnosed HIV Infection in MSM in 5 Cities—National HIV Behavioral Surveillance (NHBS), 2004-2005

Characteristic	Total Tested	HIV Prevalence		Undiagnosed HIV Infection	
Race		N	(%)	N	(%)
White	616	127	(21)	23	(18)
Black	444	206	(46)	139	(67)
Hispanic	466	80	(17)	38	(48)
API	95	7	(7)	2	(29)
AI/AN	<10	<10	(29)	<10	(100)
Multiracial/ Other	123	25	(20)	13	(52)

Baltimore, MD; Los Angeles, CA; Miami, FL; New York, NY; San Francisco, CA (MMWR,6/24/05)

testing and attempt to access care. Participants in discussion groups of MSM of color organized by HRSA and a review of the literature found that the predominant barriers to care for MSM of color fell into five categories: 1) accessing counseling and testing; 2) cultural factors; 3) client-specific issues; 4) provider organizational issues; and, 5) research and data needs.[12] These categories provide a starting point for strengthening the ability of HIV programs to connect with MSM of color and can be instructive in tailoring services to Black MSM.

Lack of culturally competent providers is a serious barrier to access and retention in care of Black MSM clients. Increasing information regarding the specific barriers that Black MSM face in seeking and accessing HIV testing is greatly needed, making it important for researchers to explicitly address Black MSM needs. The disproportionate impact on Black MSM should be acknowledged in the broader context of health disparities that confront racial and ethnic minorities in the U.S. In 2002, an Institute of Medicine (IOM) report entitled "Unequal Treatment," concluded that minorities are more likely to receive lower quality health care than whites, even when income levels and health insurance status are comparable. Bias, prejudice, and stereotypes on the part of health-care providers were cited as potential contributors to these differences.

The quality of care that Black MSM receive can be influenced by factors such as internalization of everyday discriminatory experiences (e.g., racism and homophobia) and negative interactions with medical providers. In turn, these may account for reduced knowledge of serostatus, decreased willingness to undergo HIV testing, delayed access to care, and ultimately, poorer treatment outcomes for Black MSM. Culturally competent strategies are needed to encourage Black MSM to seek testing and, once aware of their status, to obtain and remain in care. Even with CDC's focus on increasing knowledge of serostatus and promoting HIV testing among at risk individuals, efforts to explicitly address barriers to HIV testing that confront Black MSM are lacking.

2. Implement Evidence-Based Behavioral Interventions for Black MSM

Increasing Black MSM awareness of their serostatus is important. Early detection of HIV status permits the ongoing monitoring of disease progression and the introduction of medication if warranted. However, a comprehensive approach for Black MSM should also include HIV prevention strategies that intervene at the antecedents or precursors to risk behaviors. Psychosocial issues have been linked to risk behaviors among Black MSM,[14] underscoring the need to develop interventions that address psychological distress, such as stress and depression that Black MSM often experience.

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There is only one randomly controlled HIV prevention intervention, Many Men, Many Voices (3MV), specifically designed for Black MSM. 3MV is a behavioral intervention designed to address the unique cultural issues faced by Black MSM. The intervention addresses behavioral influencing factors specific to Black MSM, including cultural/social norms, sexual relationship dynamics, and the social influences of racism and homophobia. 3MV has demonstrated the effectiveness of a group level behavioral intervention designed for Black gay men and established a rationale for addressing psychosocial issues for Black gay men in HIV prevention activities.

With CDC's implementation of AHP, both directly and indirectly funded CBOs are being encouraged to conduct Diffusion of Effective Behavioral Interventions (DEBI) programs such as 3MV. DEBI programs are an important option, but not always appropriate in every locale. More research is needed to know the extent to which CBOs are implementing interventions that work. Research is also needed to help tailor existing behavioral interventions that have been demonstrated to be effective for Black MSM.

3. Implement Strategies to Intervene in Social Networks

Black MSM may be drawing their sex partners from pools of individuals where HIV prevalence is relatively high. This may be especially true for high-risk Black MSM who might frequent sex parties, engage in risk behavior practices, and incorporate substance use with sexual activity. Community leaders with connections to venues and settings that facilitate high-risk sexual contact can attempt to infuse safe sex messages into these environments. Health departments can support efforts to make condoms, safe sex materials, and brochures available in these settings. However, public efforts cannot stop there.

Intervention in social networks may be a promising strategy for identifying HIV-positive Black MSM. Findings from demonstration projects funded by CDC, as part of the AHP initiative, suggest that programs can target HIV testing to individuals at high risk of HIV infection by using HIV-positive individuals to recruit people from their social networks. CDC-funded CBOs could

use HIV-positive clients to recruit network associates for counseling, testing, and referral. Results[15] demonstrate that MSM recruiters were particularly effective in recruiting individuals who were HIV-positive. The study reported a 16 percent HIV prevalence among MSM network associates who were tested.

This type of intervention, coupled with ongoing behavioral counseling, could have a substantial impact on HIV transmission rates among high-risk groups of sexually active MSM. Health departments can work with CBOs, community leaders and key informants who are knowledgeable of sex clubs and parties, as well as other venues where Black MSM are meeting and engaging in high-risk sex practices to implement this type of strategy.

4. Support Mobilization Efforts to Empower Communities of Black MSM

There is evidence demonstrating the effectiveness of community mobilization. One model found community mobilization efforts for MSM to be the most cost-effective of nine interventions under consideration, with the potential of averting 9,000 infections annually.[16] Health departments can support strategies to empower communities of Black MSM to mobilize in the fight against HIV. These strategies can foster partnerships between health departments and Black MSM communities to push for locally relevant strategies. Mobilization also gives Black MSM something to work toward, thereby adding value and a sense of empowerment – an important factor in HIV prevention that is often overlooked. Once connected to something larger than themselves, we can expect Black MSM to adopt safer sex practices and therefore reduce the number of new HIV infections.

Black MSM have a history of community building since the beginning of the epidemic. In general, success has been limited because of a lack of consensus within the community and competition over potential resources that may be available. Health departments should be careful not to exploit these barriers when working with Black MSM-led CBOs and coalitions. The most successful community mobilization efforts by Black MSM have occurred when leaders come together in the absence of financial resources being available. While it is imperative for public and private funders to support community mobilization efforts, they should do so only when it is clear that credible leaders have mobilized, that these leaders represent the community of at risk Black MSM and have a plan to address the local dynamics of the HIV epidemic. Public health officials should not hesitate to ask hard questions, while at the same time reaffirming their commitment to working with Black MSM. If necessary, external experts should be called upon to facilitate communication with Black MSM leadership.

For example, the New York State AIDS Institute has provided funding to the New York State Black Gay Network (NYSBGN) since 1996. The NYSBGN is a collaboration of organizations that serve Black men who practice same sex desire in five of New York's largest cities. NYSBGN strengthens its member's programs and infrastructure through training, technical assistance, peer exchange, and technology and resource-sharing. NYSBGN collectively advocates for legislative, policy and social change. Given the current political environment, state and local health departments may be more able to support community mobilization efforts than federal agencies. Foundations and other private funders are also potential collaborators and sources of resources that program planners should not overlook.

5. Provide Comprehensive Health and Wellness for Black MSM

In January 2005, the Institute for Gay Men's Health, a collaborative initiative of Gay Men's Health Crisis (GMHC) and AIDS Project Los Angeles (APLA), released *Holding Open Space: Re-Tooling and Re-Imaging HIV Prevention for Gay and Bisexual Men of Color.*[17] This document was the result of a two-day summit held in May 2003 that convened some of the nation's most respected HIV prevention researchers, service providers and advocates to develop a national planning framework for reducing the incidence of HIV infection among gay and bisexual men of color. Chief among the many themes included in the document was a call for framing HIV prevention strategies that address the complete context of the lives of gay and bisexual men of color.

CDC's 2002 STD Treatment Guidelines recommend annual screening for syphilis, gonorrhea and chlamydia (as well as HIV) for sexually active MSM. Vaccination for hepatitis A and B is also recommenced to prevent sexual transmission of hepatitis among MSM.[18] Taking steps to raise awareness among CBOs and services providers about these recommendations is something that health departments can do immediately. At the same time, health departments and CBOs can tailor their HIV and STD screening to be more culturally relevant to all MSM populations, including Black MSM.

In addition to addressing STDs other than HIV, a broad approach would address the social, environmental and cultural context in which Black MSM find themselves. A broader health and wellness program for Black MSM should include enhanced access to mental health services and substance use treatment, as well as access to primary medical care services. It would include strategies for mitigating factors that are precursors to risk behaviors and strategies that facilitate ongoing access to care. To be effective, these programs must take into account psychosocial issues such as depression, childhood sexual abuse, partner violence, alcohol and substance use, and the effects of discrimination based on race and sexual orientation. Holistic approaches that

extend beyond HIV and include screening and treatment for other STDs, hepatitis A and B vaccination, mental health services and substance use treatment should be part of a broader health and wellness program for this community.

RECOMMENDATIONS FOR STATE AND LOCAL HEALTH DEPARTMENTS

NASTAD's African American monograph, *HIV/AIDS: African American Perspectives and Recommendations for State and Local AIDS Directors and Health Departments*, offers general recommendations that state and local health departments, local planning bodies and community stakeholders can follow in designing HIV prevention and care programs for African American communities. The monograph makes recommendations in a number of areas, including using epidemiological data, capacity building, coalition and partnership building, program implementation, and research.[19] Health departments should review the monograph and implement, as appropriate, strategies that specifically address Black MSM in their jurisdictions.

Listed below are specific recommendations related to Black MSM that health departments should also consider. Rather, health departments can use the recommendations as a framework to assist in planning and strengthening programming for Black MSM. However, high incidence jurisdictions or jurisdictions with rapidly increasing new HIV infections among Black MSM, as in some southern states, may choose to develop five-year strategic action plans to reduce new HIV infections among Black MSM. Ultimately, all jurisdictions should be able to cogently describe the extent of the HIV epidemic among Black MSM and be able to articulate a comprehensive plan in proportion to the level of need in the jurisdiction.

Specific recommendations include:

- Health departments should examine local epidemiologic data and determine whether the level of effort and commitment of resources to Black MSM is proportionate to the needs of Black MSM in the jurisdiction.
- Health departments should incorporate the collection of data specific to Black MSM as part of routine HIV and STD surveillance practices. This data should be summarized in formats that are accessible to external stakeholders and routinely disseminated to leaders and allies of Black MSM communities.
- Health departments should encourage the development of forums for thoughtful discussion of epidemiological data about Black MSM. Community planning groups and planning councils provide opportunities for health departments and affected communities to explore emerging epidemiological data, and to modify existing prevention and care plans to address these populations. Jurisdictions where epidemiological data suggest that Black MSM are at greater risk of HIV infection should review the data with their community partners and planning bodies and adjust local program plans and priorities as appropriate.
- Health departments should review and modify CTR and PCRS programs to anticipate and address barriers to HIV and STD testing for Black MSM. Health departments should ensure that their funded CBOs have the knowledge base and capacity to implement evidence based behavioral interventions. This may require providing capacity building assistance to these CBOs or facilitating access to appropriate technical assistance providers supported by CDC, HRSA or OMH. To ensure accountability, health departments may develop performance indicators for CBOs and AIDS service organizations (ASOs) that serve Black MSM in partnership with community partners.
- Health departments can take steps to establish working relationships with Black MSM leaders in their jurisdictions. The formation of time limited, task driven workgroups is a good strategy to obtain community input and to fast track planning and program development targeted toward Black MSM.
- Health departments must be willing to fund CBOs to implement new and innovative approaches that target emerging issues in HIV prevention, including use of the internet to promote CTR and PCRS; interventions to curb use of illegal substances such as crack, cocaine, and crystal methamphetamine; and community mobilization and empowerment strategies.
- Health departments should consider partnering with community stakeholders to design programs that address stigma and homophobia as these may prevent Black MSM from seeking HIV testing and entering care. If possible, funds should be made available to create demonstration projects that focus on sub-populations of Black MSM, such as young Black MSM in high incidence jurisdictions. Health departments may have greater ability to support innovative HIV/STD prevention interventions, demonstration projects, collaborations and coalitions than federal agencies.
- Health departments should assess care and treatment programs for their capacity to provide culturally competent and appropriate HIV care to Black MSM clients. Health departments should also provide cultural competency trainings for health department staff and service providers.
- Heath departments should take steps to strengthen collaboration across state agencies to address the needs of Black MSM, particularly in the areas of mental health and substance use prevention and treatment. Innovative collaborations with state mental health and substance use agencies can help bring critical programs, services and resources to Black MSM.

CONCLUSION

NASTAD is working in coalition with CDC, national partners and Black MSM leadership to address this issue on a national level and will continue to offer health departments ways to work more effectively with Black MSM. This issue brief is the first in a series addressing Black MSM. The next issue brief will profile health department activities and highlight a report of NASTAD's assessment of health department activities addressing Black MSM. Health departments can contact NASTAD directly to access technical assistance.

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